



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

2/2006
300-29

DISCREPANCY REPORT FORM
ADVANCED EMERGENCY MEDICAL TECHNICIAN

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Complete the Discrepancy Report Form ONLY if you did not receive proper credit or if there is a problem with your Continuing Education record. We must receive this form in order to research your problem. If you are requesting Special Credit for courses without an OEMS approval number, please attach documentation showing that you completed the course. Enter the information on the screen, save it to your computer, and email it to recert@dph.state.ma.us. Or mail the completed form to:

Dept. of Public Health, Office of Emergency Medical Services, 2 Boylston St., 3rd Floor, Boston, MA 02116.

EMT NUMBER		PLEASE PRINT CLEARLY	
FIRST NAME (space) MIDDLE INITIAL (space) LAST NAME			
MAILING ADDRESS or PO BOX			CITY
STATE	ZIP (5 or 9 digits)	DAYTIME PHONE	EMAIL ADDRESS

THE PROGRAMS LISTED BELOW DO NOT APPEAR ON MY PRINTOUT

Start Date	End Date	OEMS #	Program Title	Sponsor	Location